

<i>SERFF Tracking Number:</i>	<i>UNML-127613966</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Unity Financial Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49716</i>
<i>Company Tracking Number:</i>	<i>20811ML</i>		
<i>TOI:</i>	<i>L07G Group Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07G.104 Fixed/Indeterminate Premium - Single Life - Funeral Expense</i>
<i>Product Name:</i>	<i>MPCerts/UFLIC/EMG</i>		
<i>Project Name/Number:</i>	<i>MPCerts/UFLIC/EMG/MPCerts/UFLIC/EMG</i>		

## Filing at a Glance

Company: Unity Financial Life Insurance Company

Product Name: MPCerts/UFLIC/EMG

TOI: L07G Group Life - Whole

Sub-TOI: L07G.104 Fixed/Indeterminate  
Premium - Single Life - Funeral Expense

Filing Type: Form

SERFF Tr Num: UNML-127613966 State: Arkansas

SERFF Status: Closed-Approved-  
Closed State Tr Num: 49716

Co Tr Num: 20811ML

State Status: Approved-Closed

Reviewer(s): Linda Bird

Authors: Elaine Greer, Janeen  
Rutherford

Disposition Date: 09/15/2011

Date Submitted: 09/06/2011

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: MPCerts/UFLIC/EMG

Project Number: MPCerts/UFLIC/EMG

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Authorized

Date Approved in Domicile:

Domicile Status Comments: Group whole life  
forms not required to be filed in domiciliary state  
of Pennsylvania

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Trust

Filing Status Changed: 09/15/2011

State Status Changed: 09/15/2011

Created By: Elaine Greer

Corresponding Filing Tracking Number:

Filing Description:

Unity Financial Life Insurance Company

NAIC #63819

Form 20811ML, Group Limited Payment Whole Life Insurance Certificate

Form EF11RA, Application for Reinstatement of Group Life Insurance

Market Type: Group

Group Market Size: Large

Overall Rate Impact:

Deemer Date:

Submitted By: Elaine Greer

<i>SERFF Tracking Number:</i>	<i>UNML-127613966</i>	<i>State:</i>	<i>Arkansas</i>
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Attached please find the above-referenced forms for your review and approval. These are new forms and do not replace any existing forms. These forms will not be illustrated.

#### Domiciliary Filing

Our domiciliary state, Pennsylvania, does not require group whole life forms to be filed.

#### Readability

Readability Certification is attached under the Supporting Documentation tab.

#### Master Group

The master group policies will be issued to a trust established in Delaware, with life insurance provided to clients of funeral homes that accept Unity Financial Life insurance certificates as the funding vehicle for their prearranged funeral contracts. In the future, a master group policy may be issued to similar trusts established in other states.

#### Description of Form 20811ML

Form 20811ML is a Group Limited Payment Whole Life Insurance Certificate with a level death benefit. Limited payment periods are selected by the certificateholder up to a maximum of 10 years. Initially, the available options are 3-, 5-, 7- or 10-year payment plans. This certificate is issued to an insured who answers "no" to the health questions on the enrollment form.

#### Description of Form EF11RA

Form EF11RA will be used to apply for reinstatement of Form 20811ML and other previously-approved certificates.

#### Target Markets

Form 20811ML will initially be used in the preneed market to fund prearranged funeral plans. All products will be marketed by individual licensed agents. We reserve the right to expand our marketing ventures.

#### Actuarial Memoranda

An actuarial memorandum for the certificate is attached. This form uses the 1980 CSO tables.

#### Statements of Variability

A statement of variability is included for each certificate that supports the front and back cover and the schedule pages. Bracketed material contained in the forms is variable and subject to change as outlined in the statements of variability. Separate statements of variability are attached that support the enrollment form(s), reinstatement application and the rider.

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<i>Product Name:</i>	<i>MPCerts/UFLIC/EMG</i>		
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#### Format

These forms are submitted in final printed format and are subject to only minor modification in paper size and stock, ink, border, font (will never be less than 10 point type), typographical errors, printing in the form of a booklet and formatting pages to conform to our printer requirements. No change in language will occur.

We look forward to receiving your approval.

## Company and Contact

#### Filing Contact Information

Elaine Greer, Compliance	egreer@uflife.com
4675 Cornell Road Suite 160	877-523-3231 [Phone]
Cincinnati, OH 45241	

#### Filing Company Information

Unity Financial Life Insurance Company	CoCode: 63819	State of Domicile: Pennsylvania
P. O. Box 625700	Group Code: 535	Company Type: Life
Cincinnati, OH 45262-5700	Group Name:	State ID Number:
(513) 247-0711 ext. 5043[Phone]	FEIN Number: 23-1640528	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	1 certificate x \$50.00 = \$50.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Unity Financial Life Insurance Company	\$50.00	09/06/2011	51261692
Unity Financial Life Insurance Company	\$50.00	09/08/2011	51336765

SERFF Tracking Number:	UNML-127613966	State:	Arkansas
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Company Tracking Number:	20811ML		
TOI:	L07G Group Life - Whole	Sub-TOI:	L07G.104 Fixed/Indeterminate Premium - Single Life - Funeral Expense
Product Name:	MPCerts/UFLIC/EMG		
Project Name/Number:	MPCerts/UFLIC/EMG/MPCerts/UFLIC/EMG		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/15/2011	09/15/2011

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	09/12/2011	09/12/2011	Elaine Greer	09/15/2011	09/15/2011
Pending Industry Response	Linda Bird	09/08/2011	09/08/2011	Elaine Greer	09/08/2011	09/08/2011

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## Disposition

Disposition Date: 09/15/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: UNML-127613966 State: Arkansas

Filing Company: Unity Financial Life Insurance Company State Tracking Number: 49716

Company Tracking Number: 20811ML

TOI: L07G Group Life - Whole Sub-TOI: L07G.104 Fixed/Indeterminate Premium - Single Life - Funeral Expense

Product Name: MPCerts/UFLIC/EMG

Project Name/Number: MPCerts/UFLIC/EMG/MPCerts/UFLIC/EMG

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Actuarial Memorandum for 20811ML		No
Supporting Document	Statement of Variability for 20811ML		Yes
Supporting Document	Statement of Variability for EF11RA		Yes
Supporting Document	Compliance With Bulletin 15-2009		Yes
Supporting Document	Compliance With Regulation 49		Yes
Supporting Document	Certification of Compliance With Rule 19		Yes
Form	Group Limited Payment Whole Life Insurance Certificate		Yes
Form	Application for Reinstatement of Group Life Insurance		Yes

*SERFF Tracking Number:* UNML-127613966      *State:* Arkansas  
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*TOI:* L07G Group Life - Whole      *Sub-TOI:* L07G.104 Fixed/Indeterminate Premium - Single Life - Funeral Expense  
  
*Product Name:* MPCerts/UFLIC/EMG  
*Project Name/Number:* MPCerts/UFLIC/EMG/MPCerts/UFLIC/EMG

## Objection Letter

Objection Letter Status      Pending Industry Response  
Objection Letter Date      09/12/2011  
Submitted Date      09/12/2011  
Respond By Date      10/12/2011

Dear Elaine Greer,

This will acknowledge receipt of the captioned filing.

### Objection 1

Comment: Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue.

Regulation 49 requires that a Life and Health guaranty notice be given to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulation 49.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

SERFF Tracking Number: UNML-127613966 State: Arkansas  
Filing Company: Unity Financial Life Insurance Company State Tracking Number: 49716  
Company Tracking Number: 20811ML  
TOI: L07G Group Life - Whole Sub-TOI: L07G.104 Fixed/Indeterminate Premium - Single  
Life - Funeral Expense  
Product Name: MPCerts/UFLIC/EMG  
Project Name/Number: MPCerts/UFLIC/EMG/MPCerts/UFLIC/EMG

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 09/15/2011  
Submitted Date 09/15/2011

Dear Linda Bird,

### Comments:

We are in receipt of your objections. Please see our responses below.

### Response 1

Comments: The following items have been attached to the Supporting Documentation tab:

1. To comply with Bulletin 15-2009, our Form CN-AR-2011 is attached to all certificates at issue.
2. To comply with Regulation 49, our Form GAN-AR-2011 is delivered with all certificates.
3. To comply with Rule 19, a certification signed by an officer of the company.

### Related Objection 1

Comment:

Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue.

Regulation 49 requires that a Life and Health guaranty notice be given to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulation 49.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

### Changed Items:

#### Supporting Document Schedule Item Changes

Satisfied -Name: Compliance With Bulletin 15-2009

Comment:

Satisfied -Name: Compliance With Regulation 49



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Life - Funeral Expense  
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*Project Name/Number:* MPCerts/UFLIC/EMG/MPCerts/UFLIC/EMG

**Comment:**

Satisfied -Name: Certification of Compliance With Rule 19

**Comment:**

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

We trust this information fully responds to the objections noted. If you have any questions or need additional information, please contact me.

Sincerely,

Elaine Greer, Janeen Rutherford

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*Project Name/Number:* MPCerts/UFLIC/EMG/MPCerts/UFLIC/EMG

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 09/08/2011  
Submitted Date 09/08/2011  
Respond By Date 10/10/2011

Dear Elaine Greer,

This will acknowledge receipt of the captioned filing.

### Objection 1

Comment: Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$50.00 is received.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,  
Linda Bird

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*Project Name/Number:* MPCerts/UFLIC/EMG/MPCerts/UFLIC/EMG

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 09/08/2011  
Submitted Date 09/08/2011

Dear Linda Bird,

### Comments:

Please see our response below.

### Response 1

Comments: The additional \$50.00 was submitted via EFT. Thank you for calling this to my attention.

### Related Objection 1

Comment:

Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$50.00 is received.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

We look forward to your continued review.

Sincerely,

Elaine Greer, Janeen Rutherford

SERFF Tracking Number: UNML-127613966 State: Arkansas

Filing Company: Unity Financial Life Insurance Company State Tracking Number: 49716

Company Tracking Number: 20811ML

TOI: L07G Group Life - Whole Sub-TOI: L07G.104 Fixed/Indeterminate Premium - Single Life - Funeral Expense

Product Name: MPCerts/UFLIC/EMG

Project Name/Number: MPCerts/UFLIC/EMG/MPCerts/UFLIC/EMG

## Form Schedule

Lead Form Number: 20811ML

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	20811ML	Certificate	Group Limited Payment Whole Life Insurance Certificate	Initial		51.200	20811ML - Standard Certificate (Bracketed).pdf
	EF11RA	Application/ Enrollment Form	Application for Reinstatement of Group Life Insurance	Initial		47.200	EF11RA - Application for Reinstatement - John Doe & Bracketed.pdf



**UNITY FINANCIAL LIFE INSURANCE COMPANY**

Home Office: P.O. Box 625700

Cincinnati, OH 45262-5700

Toll Free Number: 877-523-3231

**GROUP LIMITED PAYMENT WHOLE LIFE INSURANCE CERTIFICATE**

**READ YOUR CERTIFICATE CAREFULLY.** This Certificate is issued to You in consideration of Your completed enrollment form and payment of the initial premium. This Certificate summarizes the terms of the Insurance provided under the Group Policy. It is important that You understand the terms of Your Insurance. Therefore, please read Your Certificate carefully.

We certify that Insurance has been provided under the Group Policy, according to the terms of the Group Policy. The Group Policy is a legal contract between the Policyholder and Unity Financial Life Insurance Company. The complete terms of the Insurance are described in the Group Policy. Nothing in this Certificate will alter or change the Group Policy.

The Group Policy and the Certificates issued in connection with it are designed to provide life insurance.

We agree to pay the Proceeds of this Certificate to the Beneficiary upon receiving due proof acceptable to Us that the Insured died while this Certificate is in force. Settlement will be made in accordance with the provisions described herein.

**Thirty Day Right to Examine Your Certificate.** You have 30 days to review this Certificate. If You are not fully satisfied with it, return it to Us at our Home Office within 30 days from the date You received it. You may mail it to Us or deliver it to one of Our agents. Notices given by mail and return of this Certificate by mail are effective on being postmarked, properly addressed and postage pre-paid. We will refund all premiums paid and the Certificate will be void from the beginning.

Signed for Unity Financial Life Insurance Company on the Certificate Date at its Home Office.

A handwritten signature in black ink, appearing to read "Janeen R. Rutherford", enclosed within a red rectangular border.

Janeen R. Rutherford  
Secretary

A handwritten signature in black ink, appearing to read "Thomas C. Hardy", enclosed within a red rectangular border.

Thomas C. Hardy  
President

**Group Limited Payment Whole Life Insurance Certificate  
Premiums payable as shown in the Insurance Summary  
Proceeds payable upon death of the Insured while this Certificate is in force  
Non-Participating**

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## INSURANCE SUMMARY

**GROUP POLICYHOLDER:** [THE BANK OF NEW YORK TRUST COMPANY]

**GROUP POLICY NUMBER:** [GP12345]

**CERTIFICATE NUMBER:** [123456789]

**INSURED:** [JOHN DOE]

**OWNER:** [JOHN DOE]

**CERTIFICATE DATE:** [November 1, 2011]

**FACE AMOUNT** [\$5,000.00]

**ISSUE AGE:** [50]

**SEX:** [Male]

**PREMIUM PERIOD:** [10 Years]

**PREMIUM:** [\$72.00]

**PREMIUM CLASS:** Standard

**PAYABLE:** [MONTHLY]

Premiums paid other than annually are determined by multiplying the total annual premium by the factors as follows: (.52) semi-annually; (.265) quarterly; [(.09)] [monthly direct]; and [(.087)] monthly bank draft. Over the term of the Certificate, the cumulative premiums paid may exceed the initial Face Amount of the Certificate.

**BENEFICIARY:** As stated in the Enrollment Form unless changed at a later date according to the provisions of this Certificate.

### DEATH BENEFIT:

Minimum Interest on Proceeds (if required by law): [2.00% per year]

### NONFORFEITURE:

Minimum Interest on Deferred Surrender Value: [2.00% per year]

Automatic Nonforfeiture Option Minimum Limit [\$250.00]

### CERTIFICATE LOANS:

Maximum Loan Interest Rate: [8.00% per year]

Minimum Loan Payment: [\$50.00]

## TABLE OF GUARANTEED VALUES

The Table of Guaranteed Values shows values for the end of the indicated Certificate Years. The table is based on the assumptions that all premiums due have been paid, there is no Indebtedness on the Certificate, and values are based on the initial Face Amount.

Year-end values are shown for the first 20 certificate years. Values not shown in the table may be requested. All values will be determined with allowance for elapsed time and premium payments for part of a year.

Information regarding the calculation of cash values is shown in the Basis of Values provision.

### Table of Guaranteed Values

Certificate Year	Attained Age	End of Year Guaranteed Death Benefit	End of Year Cash Value	End of Year Reduced Paid-Up Value
01	50	\$5,000.00	\$ 0.00	\$ 0
02	51	\$5,000.00	\$ 133.20	\$ 375
03	52	\$5,000.00	\$ 363.90	\$ 990
04	53	\$5,000.00	\$ 604.60	\$1,590
05	54	\$5,000.00	\$ 856.00	\$2,180
06	55	\$5,000.00	\$1,118.90	\$2,755
07	56	\$5,000.00	\$1,394.35	\$3,320
08	57	\$5,000.00	\$1,683.45	\$3,885
09	58	\$5,000.00	\$1,987.60	\$4,445
10	59	\$5,000.00	\$2,308.10	\$5,000
11	60	\$5,000.00	\$2,379.50	
12	61	\$5,000.00	\$2,451.65	
13	62	\$5,000.00	\$2,524.45	
14	63	\$5,000.00	\$2,597.60	
15	64	\$5,000.00	\$2,670.95	
16	65	\$5,000.00	\$2,744.45	
17	66	\$5,000.00	\$2,818.10	
18	67	\$5,000.00	\$2,892.00	
19	68	\$5,000.00	\$2,966.15	
20	69	\$5,000.00	\$3,040.35	

**Mortality Table and Interest Rate for Basis of Values:** This table shows the cash values based on the [1980 Commissioners' Standard Ordinary Mortality Table], Age Last Birthday, with [5%] interest per year.



## Definitions

**Age** means the Insured's Age on his or her last birthday.

**Certificate Anniversary** means the same date in each succeeding year as the Certificate Date. Certificate Years are measured from the Certificate Anniversary.

**Certificate Date** means the effective date of the Insurance under this Certificate as shown in the Insurance Summary.

**Company, We, Us, and Our** all refer to Unity Financial Life Insurance Company.

**Indebtedness** means any outstanding Certificate Loan(s) plus any accrued and unpaid loan interest.

**Insurance** means the coverage provided to an Insured under the Group Policy, the details of which are contained in this Certificate.

**Insured** means the person on whose life this Insurance is provided. The Insured is named in the enrollment form and shown in the Insurance Summary.

**Issue Age** means the Insured's Age at issue as shown in the Insurance Summary.

**Non-Participating** means that this Insurance does not share in any revenues or dividends.

**Owner** means the Owner of the rights and privileges of this Insurance with respect to an Insured. The Owner is named in the enrollment form and shown in the Insurance Summary unless changed at a later date. You or Your refers to the Owner.

**Proceeds** means the amount paid by the terms of this Certificate upon the death of an Insured.

## Premiums and Termination

**Premiums.** This Certificate will not take effect unless the first premium has been received and the Certificate issued while the Insured is alive. After the initial premium, premiums are payable for the number of years and in the amount shown in the Insurance Summary. All premiums are payable in advance at the Home Office.

**Grace Period.** A grace period of 31 days from the premium due date is allowed for payment of every premium after the first. During the grace period, the Insurance will continue in force. If the premium due is not paid during the grace period, the premium is considered in default and the Insurance will lapse. The lapse date will be the date the unpaid premium was due. We will have no liability except as otherwise provided in the Nonforfeiture and Loan Provisions.

If the Insured dies during the grace period, the overdue premium that is applicable to the period from the due date to the date of death will be deducted from the Proceeds.

**Reinstatement.** This Insurance may be reinstated within three (3) years after lapse for nonpayment of premiums unless it has been surrendered. Reinstatement is subject to:

1. submission of evidence of insurability satisfactory to Us;
2. payment of all overdue premiums with compounded interest of 6% per year; and
3. repayment or reinstatement of any Indebtedness with accrued compound interest of 6% per year.

On the date of reinstatement, all benefits and cash and loan values provided by the Insurance will be restored to the amounts that would have been in effect on such date

had the Insurance not lapsed. The date of reinstatement will be the date We approve your application for reinstatement. When this Insurance is reinstated, a new two (2) year contestable period will apply with respect to statements made in the application for reinstatement.

**Automatic Premium Loan Option.** The automatic premium loan option will be in effect if requested by You. It may be requested in the enrollment form for this Certificate or in a written request from You received by Us before expiration of the grace period. If this option is in effect, any premium which remains unpaid at the end of a grace period will be paid by automatic loan, subject to the Certificate Loan provision. An automatic premium loan will not be made if the unpaid premium, plus any existing Indebtedness, equals or exceeds the loan value of the Certificate. In that case, the Non-forfeiture Values provisions of the Certificate will apply.

This option will no longer be in effect when We receive Your written request to terminate it. It may be made effective again by Your subsequent written request.

**Termination.** Insurance under this Certificate terminates on the date:

1. the Group Policy terminates, subject to the Continuation of Group Policy Benefits section;
2. You surrender this Certificate for its surrender value;
3. the Insurance lapses because the Indebtedness exceeds the cash value;
4. the Insured dies; or
5. You do not pay the premium due on time, subject to the grace period.

## Continuation of Group Policy Benefits

If the Group Policy is canceled the Insurance provided to You will continue, subject to payment of any premiums that are due. You will have the same rights and privileges as You had prior to such termination date.

You will be given written notice of the cancellation of the Group Policy at least 30 days prior to the date of such

cancellation. The notice will specify the amount and due dates of any remaining premiums. If any remaining premium is not received by Us by the end of the grace period, Your Insurance will lapse. Insurance will then continue under an option described in the Nonforfeiture and Loan Provisions.

## Death Benefit

**Payment of Proceeds.** If the Insured dies while Insurance is in effect, We will pay the Proceeds to the Beneficiary in a lump sum. Proceeds will be paid when We receive due proof of the Insured's death and the right of the claimant to the Proceeds. Such proof must be submitted to Us at Our Home Office. Appropriate forms will be made available to the Beneficiary upon request.

If Proceeds are not paid within 30 days after We receive proof of claim (or where required by law within 30 days after the Insured's death), if required by law We will pay interest on the Proceeds at the rate stated in the Insurance Summary, or any higher rate required by law. Where required by law, We will pay interest from the date of death to the date of settlement.

**Death Benefit.** The death benefit is equal to:

1. the Face Amount shown in the Insurance Summary; plus
2. the Adjusted Amount as described below; plus
3. the portion of any premium paid for a period beyond the date the Insured dies; less

4. the portion of any unpaid premium during the grace period before the date the Insured dies; less
5. any Indebtedness under the Certificate.

**Adjusted Amount.** The Adjusted Amount on the Certificate Date is zero.

The Adjusted Amount on any Certificate Anniversary is equal to:

1. the Adjusted Amount on the previous Certificate Anniversary; plus
2. an amount that may be declared at Our option.

The amount declared at Our option is not guaranteed or tied to any index. Once the death benefit is increased by Us, this new higher amount becomes the guaranteed death benefit, subject to any Indebtedness under the Certificate. The amount declared is credited on the Certificate Anniversary following the current declaration.

## Owner, Beneficiary and Assignment Provisions

**Owner.** As the Owner, You may exercise all rights and receive all benefits while the Insured is living. Your rights may be subject to the rights of a Beneficiary if You named such Beneficiary irrevocably or to any rights that You assign. You may name a contingent Owner to succeed to Your rights should You die while the Insured is alive. If no contingent Owner is named, Your estate will be the contingent Owner.

**Change of Ownership.** You may change ownership of this Certificate to another person by sending Us written notice of the change on a form satisfactory to Us. When We receive such notice, the change will take effect as of the date You requested such change. No change will take effect until We receive such notice and record the change.

**Beneficiary.** The Beneficiary is the person that You designate to receive the Proceeds upon the Insured's death. The Beneficiary is named in the enrollment form. You may change the Beneficiary unless You named the Beneficiary irrevocably. If more than one Beneficiary is alive at the time of the Insured's death, then Proceeds will be distributed evenly unless otherwise specified.

If the Beneficiary dies before the Insured, the interest of such Beneficiary will terminate at death. If there are no other designated Beneficiaries, Proceeds will be paid to You, if living. If You are not living, then Proceeds are payable to the estate of the Insured.

**Change of Beneficiary.** To change the Beneficiary, You must send Us a signed notice of the change on a

form satisfactory to Us. When We receive such notice, the change will take effect on the date You requested the change. The change will not affect any payment that We made in good faith before receiving and recording the notice.

**Irrevocable Beneficiary.** If You named an irrevocable Beneficiary, You must obtain that person's written consent before You can:

1. change the Beneficiary;
2. reduce or terminate the Beneficiary's rights to the Proceeds;
3. change the ownership or assign the Insurance; or
4. exercise any other ownership rights that may reduce the Proceeds.

**Assignment.** You may assign this Insurance, subject to the Irrevocable Beneficiary provision. An assignment of this Insurance will not bind Us until We have been notified in writing and have recorded such assignment. An assignment is subject to any action taken by Us before the notice was acknowledged. We are not responsible for the validity of any assignment.

The interest of the Beneficiary is subordinate to the interest of the assignee on file with Us, without regard to when the Beneficiary was named. Proceeds in excess of the amount paid to the assignee will be paid to the Beneficiary.

## Nonforfeiture and Loan Provisions

**Cash Surrender.** You may surrender this Certificate any time during the Insured's lifetime. A surrender may be subject to the rights of another person. The amount We will pay is the surrender value. The surrender value is the cash value at the time of surrender less any Indebtedness.

If this Certificate is surrendered within 31 days after a Certificate Anniversary, the cash surrender value will not be less than the cash surrender value on that Anniversary, less any Indebtedness incurred after the Certificate Anniversary and prior to the date of surrender.

**Deferment.** We may delay payment of the surrender value for up to six (6) months or any other period permitted by law. If required by law, We will obtain the permission of the Insurance Commissioner before deferring payment. If a payment is delayed 30 days or more, We will credit interest on the surrender value. The minimum interest that we will pay is shown in the Insurance Summary. We may pay a higher rate or a rate that may be required by the state in which the Group Policy was issued.

**Basis of Values.** The guaranteed values of this Certificate are shown in the Table of Guaranteed Values. The values shown apply at the end of the Certificate Year if there is no Indebtedness. Values for any time other than the end of the year will be determined by interpolation. Values for any year not shown will be calculated on the same basis as for those shown and will be furnished upon request.

The cash values referred to in this Certificate are based on the mortality table and interest rate as shown in the Table of Guaranteed Values. They are calculated in accordance with the Standard Nonforfeiture Law and equal the statutory reserve amount for this Certificate.

The death benefit used in the calculation is shown in the Table of Guaranteed Values. When the death benefit is increased as described in the "Death Benefit" section of this Certificate, the cash values will be recalculated using the method above and the new death benefit.

We have filed a statement of the method used to compute those values with the Insurance Department in the state where the Group Policy is delivered. The values are at least as great as those required by law in the state where the Group Policy is delivered.

**Benefits on Lapse.** If the Certificate lapses for non-payment of premium, You may choose to surrender the Certificate for its cash surrender value, or continue Insurance as Reduced Paid-Up insurance provided the cash surrender value exceeds the Automatic Option Minimum Limit shown in the Insurance Summary. This choice must be made within 60 days of the lapse date. If the Insured dies after this Certificate lapses but before any election is made, the Automatic Nonforfeiture Option will be effective as of the date of the Insured's death.

**Reduced Paid-Up.** This Certificate may be continued as reduced paid-up life insurance. This insurance will be for a level death benefit in the amount that the cash surrender value will provide when applied as a net single premium on the lapse date at the Insured's attained age on that date. You may surrender this paid-up insurance for its cash surrender value.

**Automatic Nonforfeiture Option.** If no choice is made by the end of the 60 day period, We will take the following action:

1. if the Cash Value at the time of lapse is equal to or less than the amount shown as the Automatic Nonforfeiture Option Minimum Limit in the Insurance Summary, we will surrender the Certificate for its cash value;
2. if the Cash Value at the time of lapse is more than the amount shown as the Automatic Nonforfeiture Option Minimum Limit in the Insurance Summary, we will continue the coverage as Reduced Paid-Up insurance.

**Certificate Loan.** You may borrow against this Certificate up to the maximum loan value during the Insured's lifetime and as long as this Certificate is in effect. You must properly assign the Certificate to Us. The maximum loan value is:

1. the cash value at the end of the Certificate Year in which the loan is made; less
2. any existing Indebtedness on the Certificate; less
3. interest in advance to the end of the Certificate Year; less
4. any unpaid balance of premiums for the current Certificate Year.

We may delay making any loan for up to six (6) months.

**Loan Interest Rate.** The maximum loan interest rate is shown in the Insurance Summary and is payable in advance. Interest is due at the end of each Certificate Year. If it is not paid when due, it will be added to the loan and bear interest at the same rate. This Certificate will terminate if, at the end of any Certificate Year, Indebtedness exceeds the cash value. The date of termination will be 31 days after notice of termination is mailed to the Owner and any assignee recorded at the Home Office.

**Repayment.** All or any part of Certificate Loans may be repaid at any time before the Insured dies, provided that:

1. the Certificate has not lapsed, been surrendered, or terminated; and
2. payment is equal to at least the lesser of the minimum loan payment as shown in the Insurance Summary or the remaining balance payable.

## General Provisions

**Entire Contract.** The Certificate, including a copy of the attached enrollment form, supplemental enrollment forms, riders, amendments and endorsements, if any, form the entire contract.

All statements in the enrollment form, in the absence of fraud, will be deemed representations and not warranties. No statements will be used by Us to contest this Insurance or to defend against a claim unless it is made in an enrollment form or supplemental enrollment form and attached to a Certificate.

**Changes.** Only a Company Officer may bind the Company or make changes to the Certificate. No agent has the authority to change the Certificate.

**Contestable Period.** This Certificate will not be contestable, except for fraudulent misstatements, after it has been in force during the lifetime of the Insured for two (2) years from the Certificate Date.

This Certificate will not be contestable, except for fraudulent misstatements, after it has been in force during the lifetime of the Insured for two (2) years from

the reinstatement date with respect to the statements made in the application for reinstatement.

**Clerical Error.** Clerical error on Our part will not void Insurance that would otherwise be in effect nor continue Insurance that would otherwise have terminated.

**Misstatement of Age.** If the Age of the Insured has been misstated, the Face Amount will be adjusted to that which the premiums would have provided based on the correct Age. If We would not have issued a Certificate at the Insured's correct Age, We will refund all premiums and no further benefits will be payable under this Certificate.

**Suicide.** If the Insured commits suicide, while sane or insane, within two (2) years from the Certificate Date (one (1) year in Colorado, Missouri and North Dakota), the Proceeds payable will be limited to the premiums paid less any Indebtedness.

**Time Periods.** All time periods stated in a Certificate will begin and end at 12:01 a.m. standard time at the Owner's address.

## Children's Coverage

In the event of a death of an unmarried child, grandchild, or great-grandchild of the Insured, We will provide a payment for funeral services and merchandise in an amount equal to the least of (1) the cost of the funeral, or (2) the Insured's then current death benefit, or (3) \$3,000. The delivery of such payment is subject to the terms, conditions and limitations stated below.

1. At the time of death, the deceased child must be unmarried, at least six (6) months of age and not more than 18 years of age, and living with his/her parents, grandparents or great-grandparents. This includes all legally adopted children, stepchildren, step-grandchildren and step-great-grandchildren, but not foster children.
2. The child, grandchild, or great-grandchild must have been either at least six (6) months old and in good health on the day the Insured's

Certificate was issued, or, if born after the Certificate Date, must have been in good health when he/she reached six (6) months of age.

3. Death from suicide is not covered.
4. Only one claim will be paid for a single child's death. Each Insured will be eligible for only one (1) Child's Benefit payment.
5. A copy of the child's death certificate, together with verification of the family relationship and residency, must be provided to Us within 60 days of the death of the child, grandchild, or great-grandchild.

**Termination.** The Children's Coverage will terminate at:

1. the lapse, surrender, or termination of Your Certificate; or
2. the Insured's death.



**UNITY FINANCIAL LIFE INSURANCE COMPANY**

Home Office: P.O. Box 625700

Cincinnati, OH 45262-5700

Toll Free Number: 877-523-3231

**Group Limited Payment Whole Life Insurance Certificate**  
**Premiums payable as shown in the Insurance Summary**  
**Proceeds payable upon death of the Insured while this Certificate is in force**  
**Non-Participating**





Unity Financial Life Insurance Company  
P. O. Box 625700 • Cincinnati, OH 45262-5700

**Application for Reinstatement of Group Life Insurance**  
**Application for Reinstatement of Individual Life Insurance**

For Company Use Only:

**Instructions:** Complete all parts of the Application. The Insured **must** answer the health questions in Part 2. The Insured **must** sign in Part 3. If the Owner is different than the Insured, the Owner **must** also sign in Part 3.

**Part 1: INSURED**

First Name and Middle Initial: John A.	Last Name: Doe	Age 50	Policy/Certificate Number: 123456789	
Insured's Address: 1234 Main Street	City: Cincinnati	State: OH	Zip Code: 45241	Area Code and Telephone #: (513) 555-5555
				Date of Birth: 01/01/1961
Amount Submitted With Application: \$ 208.80		Payment Mode for Future Payments Upon Reinstatement: (choose one) <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Monthly Direct <input type="checkbox"/> Pre-Authorized Checking* *Complete PAC Authorization and submit with blank voided check		

**Part 2: HEALTH QUESTIONS**

- Has Insured been hospitalized, or in a nursing home, assisted living facility, had hospice care or been home confined during the last six months? ☐ Yes ☒ No
- During the past five years, has the Insured been diagnosed as having or received treatment from a medical practitioner for any of the following disorders: AIDS or HIV positive, cancer, stroke, congestive heart failure, angina, heart problems, alcohol use, drug use, complications of diabetes, Alzheimer's, dementia, or disorders of the lungs, kidneys or liver? ☐ Yes ☒ No

HOME OFFICE ENDORSEMENT ( For Company Use Only):

**Part 3: CONDITIONS RELATING TO THE REINSTATEMENT APPLICATION**

I understand that this policy/certificate has lapsed for non-payment of premium, and that this policy/certificate will not be in force until:

- (1) this reinstatement application has been approved by Unity Financial Life;
- (2) all premiums due, plus interest, have been received in the Home Office of Unity Financial Life;
- (3) any outstanding indebtedness due to the Company is either repaid or reinstated; and
- (4) the Insured is alive when all of the above occur.

Premiums submitted must bring the premium payments current. In addition, one additional premium payment is due with this application for reinstatement. Payment of past due premium is not binding upon the Company until this application is approved. I understand that if the Company declines to reinstate this certificate, any payment paid with this application will be refunded. I further agree that no statement or promise has been made to me in any way conflicting with or waiving these conditions or extending the time for payment of any premium.

The above answers are complete and true to be best of my knowledge and belief, and may be relied on by the Company as the basis of any reinstatement granted. I agree that the reinstatement of this certificate shall be contestable at any time within two years from the reinstatement approval date. It is agreed that this application will be attached to and made part of the certificate. I also understand that misrepresentations could mean denial of an otherwise valid claim and rescission of the reinstated certificate during the contestable period. **I have read and acknowledge the Fraud Warning Statement on the reverse side of this Reinstatement Application.**

Signed at: Cincinnati, OH this 1st of November, 20 11.  
(City, State) (Date) (Month) (Year)

/s/ John A. Doe

Signature of Proposed Insured

\_\_\_\_\_  
Signature of Owner (if other than Proposed Insured)

## FRAUD WARNING STATEMENTS

**For residents of all states except CO, DC, FL, GA, KY, ME, MD, NE, NJ, NM, OH, OK, PA, TN, VA and WA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**For residents of CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**For residents of DC:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**For residents of FL:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**For residents of GA and NE:** Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information may be guilty of insurance fraud.

**For residents of KY:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**For residents of ME, TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and denial of insurance benefits.

**For residents of MD:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**For residents of NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**For residents of NM:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**For residents of OH:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**For residents of OK:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**For residents of PA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

<i>SERFF Tracking Number:</i>	<i>UNML-127613966</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Unity Financial Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49716</i>
<i>Company Tracking Number:</i>	<i>20811ML</i>		
<i>TOI:</i>	<i>L07G Group Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07G.104 Fixed/Indeterminate Premium - Single Life - Funeral Expense</i>
<i>Product Name:</i>	<i>MPCerts/UFLIC/EMG</i>		
<i>Project Name/Number:</i>	<i>MPCerts/UFLIC/EMG/MPCerts/UFLIC/EMG</i>		

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Flesch Certification	
<b>Comments:</b>		
<b>Attachment:</b>		
Readability Certification - 20811ML, EF11RA.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Application	
<b>Comments:</b>		
This enrollment form was submitted for approval SERFF Tracking #UNML-127353354		
<b>Attachment:</b>		
EF11 - Enrollment Form - John Doe & Bracketed.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Actuarial Memorandum for 20811ML	
<b>Comments:</b>		
<b>Attachment:</b>		
Actuarial Memo - 20811ML.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Statement of Variability for 20811ML	
<b>Comments:</b>		
<b>Attachment:</b>		
20811ML - Statement of Variability.pdf		

SERFF Tracking Number:	UNML-127613966	State:	Arkansas
Filing Company:	Unity Financial Life Insurance Company	State Tracking Number:	49716
Company Tracking Number:	20811ML		
TOI:	L07G Group Life - Whole	Sub-TOI:	L07G.104 Fixed/Indeterminate Premium - Single Life - Funeral Expense
Product Name:	MPCerts/UFLIC/EMG		
Project Name/Number:	MPCerts/UFLIC/EMG/MPCerts/UFLIC/EMG		

<b>Item Status:</b>	<b>Status Date:</b>
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**Satisfied - Item:** Statement of Variability for EF11RA  
**Comments:**  
**Attachment:**  
 EF11RA - Statement of Variability.pdf

<b>Item Status:</b>	<b>Status Date:</b>
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**Satisfied - Item:** Compliance With Bulletin 15-2009  
**Comments:**  
**Attachment:**  
 CN-AR-2011.pdf

<b>Item Status:</b>	<b>Status Date:</b>
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**Satisfied - Item:** Compliance With Regulation 49  
**Comments:**  
**Attachment:**  
 GAN-AR-2011.pdf

<b>Item Status:</b>	<b>Status Date:</b>
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**Satisfied - Item:** Certification of Compliance With Rule 19  
**Comments:**  
**Attachment:**  
 Certification - 20811ML.pdf

**Unity Financial Life Insurance Company**  
**P. O. Box 625700**  
**Cincinnati, Ohio 45262-5700**

**READABILITY CERTIFICATION**

This is to certify that the forms listed on the attached page(s) are in compliance with the Insurance Policy Readability Law.

Unless otherwise noted, each form is scored separately for the Flesch reading ease test, in its entirety:

<b>Form Number</b>	<b>Sentences</b>	<b>Words</b>	<b>Syllables</b>	<b>Flesch Score</b>
20811ML	200	3,876	N/A	51.2
EF11RA*	236	5,072	N/A	47.2

\* Scored with 20811ML

1. The form is printed in not less than ten-point type, one point leaded. (This does not apply to specifications pages, schedules and tables).
2. The layout and spacing of the form(s) separate the paragraphs from each other and from the border of the page.
3. The section titles are captioned in bold face or otherwise stand out significantly from the text.
4. Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the form(s).
5. The style, arrangement and overall appearance of the form(s) give no undue prominence to any portion of the form(s).
6. A table of contents or an index of the principal sections is included in the form. (This applies only if the form has more than 3,000 words or consists of more than 3 pages).

Date: September 6, 2011



Elaine M. Greer  
Director of Compliance



Unity Financial Life Insurance Company  
P.O. Box 625700 · Cincinnati, OH 45262-5700

Group Pre-Need Life Insurance Enrollment Form

Home Office Endorsement:

NOT FOR USE IN PA

Proposed Insured: John A Doe  
First Middle Initial Last

Street Address: 1234 Main Street

Cincinnati OH 45241  
City State Zip

Phone #: 513-555-5555 SS#: 123-45-6789

Birth Date: 01-01-1961 Age: 50 Sex: ☒ M ☐ F

Owner: (If other than Proposed Insured)

Address:

Phone #: SS#:

Relationship:

**Direction for Payment of Proceeds:** Insurer is directed to pay the Proceeds (up to the total of goods and services) to the Funeral Provider named below. Remaining proceeds, if any, will be paid to the named beneficiary.

Funeral Provider: ABC Funeral Home

Address: 789 Vine Street, Cincinnati, OH 45241  
(Funeral Provider may be changed at any time before the funeral is provided by giving written notice to us and to the Funeral Provider named above.)

Beneficiary: Jane Doe

Address: 1234 Main Street, Cincinnati, OH 45241

Relationship: Wife Phone #: 513-555-5555

**Replacement:** Does the Proposed Insured have any existing life insurance policies or annuity contracts? ☐ YES ☒ NO  
Is this insurance intended to replace any life insurance or annuity now in force? ☐ YES ☒ NO

Company Name:

If “Yes” complete and attach any required replacement form(s)

Plan Type & Payment Plan	
<input type="checkbox"/> Single Premium Modified Benefit	
<input type="checkbox"/> Dollar for Dollar (check one) <input type="checkbox"/> 1 Year <input type="checkbox"/> 3 Year <input type="checkbox"/> 5 Year <input type="checkbox"/> 7 Year	
<input checked="" type="checkbox"/> Multi-Pay (check one) <input type="checkbox"/> 3 Year <input type="checkbox"/> 5 Year <input type="checkbox"/> 7 Year <input checked="" type="checkbox"/> 10 Year	
Face Amount: \$5,000.00	Initial Payment: \$69.60
Payment Mode: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly Direct <input checked="" type="checkbox"/> Monthly PAC	
Automatic Premium Loan? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Make check payable to “Unity Financial Life”	

**Health Questions** (for level benefit multipay plans only): If you answer “no” to both questions, a certificate with full benefits will be issued. **If either question is “Yes,” or unanswered, or if the Proposed Insured is physically or mentally unable to answer the questions, a modified benefit certificate will be issued.** The Proposed Insured must also sign and initial the response to the health questions AND sign the Enrollment Form where indicated.

- a.Has Proposed Insured been hospitalized, or in a nursing home, assisted living facility, had hospice care or been home confined during the last six (6) months? ☐ YES ☒ NO Initials /s/ jad
- b.During the past five (5) years, has the Proposed Insured been diagnosed as having or received treatment from a medical practitioner for any of the following disorders: AIDS or HIV positive, cancer, stroke, congestive heart failure, angina, heart problems, alcohol use, drug use, complications of diabetes, Alzheimer’s, dementia, or disorders of the lungs, kidneys or liver? ☐ YES ☒ NO Initials /s/ jad

PAC Authorization from my: ☒ Checking (attach blank voided check) ☐ Savings (attach copy of savings account card)

☐ Cash with Application: I authorize withdrawal of \$ as my initial premium payment.

☒ Monthly PAC: I authorize withdrawal of \$ 69.60 on the 1st (1-28) of every month beginning in November (month).

Name and telephone number of financial institution 1st National Bank, 513-555-1234

I authorize Unity Financial Life Insurance Company to withdraw from my account the amount of premium due and request that the institution honor such withdrawals. I agree that the institution’s rights shall be the same as if it were a check drawn and signed by me. I further agree that if any withdrawal fails or is disallowed, neither the institution nor Unity Financial Life Insurance Company shall be under any liability. This authorization shall continue until the institution receives written notification from me or the policy is paid in full.

Routing # 120000055 Account # 123456789 Signature on Account: /s/ John A. Doe

**Conditions Relating to the Enrollment Form:** The questions and answers in all parts of this enrollment form are complete and true to the best of my knowledge and belief. I agree that this enrollment form and any supplement, if required, shall be attached to and form a part of any certificate issued. I understand and agree that no agent has the authority to alter any contract, or waive any of the Company’s other rights or requirements. I understand that the coverage will not take effect until the certificate has been issued and the first full premium has been paid during the lifetime of the Proposed Insured. I understand that if a modified benefit certificate is issued, the death benefit in the early years will not be less than premiums paid. I authorize Unity Financial to share information about my life insurance certificate with the named Funeral Provider. **I have read and acknowledge the Fraud Warning Statement on the reverse side of this enrollment form.**

Proposed Insured’s Signature: /s/ John A. Doe

Owner’s Signature: (if other than Proposed Insured)

Signed at: Cincinnati, OH Date: 9/1/2011  
(City, State)

**Agent:** Does the Proposed Insured have any existing life insurance policies or annuity contracts? ☐ YES ☒ NO  
Do you have knowledge or reason to believe that replacement of existing insurance is involved? ☐ YES ☒ NO

If yes, submit any special forms required by the state in which the enrollment form is signed. I hereby certify that if health questions were asked, I have personally asked each question on this enrollment form to the Proposed Insured, and I have truly and accurately recorded the information supplied by him/her.

Agent’s Name (please print): Phillip Space

Agent’s Signature: /s/ Phillip Space

Agent #: 12345 Date: 9/1/2011

ASSIGNMENT OF LIFE INSURANCE PROCEEDS

☐ Irrevocable Assignment: Owner understands that he/she or his/her successors will not be allowed to cancel this agreement.

Owner hereby assigns and transfers the rights of the benefit designated by his or her life insurance certificate applied for today which is equal to the price of the funeral merchandise and services provided upon Insured’s death.

I understand that any proceeds in excess of the funeral provided will be paid to the Estate of the Insured, or to the state as may be required by law.

FROM: Owner (Assignor)

Address:

TO: Funeral Home (Assignee)

Address:

I have read and agree to all of the terms and conditions relating to this assignment on the reverse side of this page.

Owner (Assignor) Authorized Funeral Home Representative

Date Date

FRAUD WARNING STATEMENTS

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**For residents of CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**For residents of DC:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**For residents of FL:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**For residents of GA and NE:** Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information may be guilty of insurance fraud.

**For residents of KY:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**For residents of ME, TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and denial of insurance benefits.

**For residents of MD:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**For residents of NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**For residents of NM:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**For residents of OH:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**For residents of OK:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**For residents of PA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Terms and Conditions of the Assignment

**Owner agrees** not to surrender or borrow against the life insurance certificate that was applied for today, or do anything else to reduce the amount of the certificate death benefit. **Funeral Home agrees** it will not request that the Company pay any portion of the death benefit until the agreed goods and services have been provided by it and that it has provided the Company with an itemized copy of the funeral bill.

If the life insurance certificate supporting the benefits hereby assigned terminates for any reason other than death of the Insured Person, the Funeral Home may terminate the funeral contract, if any. This Assignment shall be controlled by the laws of the state governing the life insurance certificate issued.

# UNITY FINANCIAL LIFE INSURANCE COMPANY

## STATEMENT OF VARIABILITY

Form 20811ML, Group Limited Payment Whole Life Insurance Certificate

August 22, 2011

This document defines the range of variation for items identified and found in Form 20811ML, Group Limited Payment Whole Life Insurance Certificate. Any use of variability shall be administered in a uniform and non-discriminatory manner and shall not result in unfair discrimination.

**Company Logo, Home Office Address, Telephone Number and Officer Signatures:** We reserve the right to change our company logo, home office address, telephone number, and officer signatures if such items should change in the future. The flexibility to change our logo does not include the company name. We understand that if the Company name changes for any reason we must notify the Department accordingly. The formatting and font size may also change over time according to our printer standards. Font will never be in less than 10-point font.

**Owner/Insured Specific Variables:** The specimen certificate includes hypothetical information within the brackets shown on the Insurance Summary page. In an issued certificate, these fields will reflect information specific to the Owner/Insured.

### **Information Shown on the Insurance Summary (Page 3)**

<b>Certificate Number:</b>	Identifying number assigned by the Company
<b>Insured:</b>	Insured's Name
<b>Owner:</b>	Owner's Name
<b>Certificate Date:</b>	Issue Date of Certificate
<b>Face Amount:</b>	Selected by Owner in Enrollment Form
<b>Issue Age:</b>	Insured's Age
<b>Sex:</b>	Insured's Sex
<b>Premium:</b>	Amount of premium payment due
<b>Payable:</b>	Mode of Payment selected by Owner in Enrollment Form

**Variables That Are Not Owner Specific:** Some variables bracketed on the Insurance Summary page contain restrictions set by the Company upon development of the policy and certificate. Any changes to these variables will be changed for all new issues, such that there will only be one plan available in the market at any one time.

These items are being filed as variable so that we can adjust them if dictated by market conditions, evidence of anti-selection, experience that is markedly different from pricing assumptions based upon reasonable actuarial assumptions regarding investment income, mortality experience, lapse experience, and expenses. Changes made will remain within the ranges specified below. Changes made outside the specified ranges will be filed on an informational basis.



**Premium Period:** The premium paying period is selected by the Owner and will be any length then offered by the company ranging from 1 year to 10 years. Initially, the payment plan options are 3, 5, 7 or 10 years.

**Modal Factors:** Modal factors for monthly payments will range from .09 to .1 for monthly direct and .087 to .09 for monthly bank draft. In addition, we may eliminate the payment option of monthly direct payments.

**Minimum Interest on Proceeds (if required by law):** Interest rate will range from 1% to 5%.

**Minimum Interest on Deferred Surrender Value:** Interest rate will range from 1% to 5%.

**Automatic Nonforfeiture Option Minimum Limit:** Minimum limit will range from \$100 to \$1,000.

**Maximum Loan Interest Rate:** Interest rate will range from 0% to 8%.

**Minimum Loan Payment:** Minimum payment will range from \$0 to \$100.

**Mortality Table and Interest Rate for Basis of Values:** Any table permitted by the Standard Nonforfeiture Law (SNFL) in the computation of minimum cash values for certificates issued on the Certificate Date. The interest rate will only change to be in compliance with the maximum cash value interest rate allowed by law.

# UNITY FINANCIAL LIFE INSURANCE COMPANY

## STATEMENT OF VARIABILITY

Form EF11RA, Application for Reinstatement of Group Life Insurance  
Application for Reinstatement of Individual Life Insurance

August 22, 2011

This document defines the range of variation for items identified and found in Form EF11RA, Application for Reinstatement of Group Life Insurance/Application for Reinstatement of Individual Life Insurance. Any use of variability shall be administered in a uniform and non-discriminatory manner and shall not result in unfair discrimination.

**Company Logo and Administrative Office Address:** We reserve the right to change our company logo and administrative office address if such items should change in the future. The flexibility to change our logo does not include the company name. We understand that if the Company name changes for any reason we must notify the Department accordingly. The formatting and font size may also change over time according to our printer standards. Font will never be in less than 10-point font.

**For Company Use Only section:** We reserve the right to expand, reformat, or delete this section in its entirety, according to our administrative needs.

**Instructions:** We reserve the right to expand, revise, reformat or delete this section in its entirety, according to our administrative needs.

**Part 1 - Insured:** The Insured section currently provides space to complete the name, address and other relevant information needed to reinstate and administer the life insurance policy/certificate. This information may change from time to time in accordance with our current administrative procedures or system requirements. We reserve the right to add, delete, rearrange or reformat information fields as may be required in accordance with changes in our administrative procedures or system requirements.

**Part 2 - Home Office Endorsement:** The Home Office Endorsement section may be expanded, reformatted or deleted in its entirety, according to our administrative needs.

**Revised Date:** If used, the revised date will indicate the revision date changes are made to the enrollment form in accordance with the variability contained within this statement. This field may also be removed in its entirety.

**Fraud Warning Statements:** The language of our standard fraud warning may be revised in accordance with changes to the NAIC model regulation language. Language for specific states may be added, deleted or amended to conform to changes in state laws. The list of states in the lead-in statement may be revised as specific states are added or deleted.

## **IMPORTANT INFORMATION REGARDING YOUR INSURANCE**

In the event you need to contact someone about this insurance you can contact the Customer Service Department of Unity Financial Life Insurance Company as follows:

Unity Financial Life Insurance Company  
4675 Cornell Road, Ste 160  
Cincinnati, OH 45241

**Toll Free: 877-523-3231**

513-247-0711  
513-247-5040 Fax

If you have been unable to contact or obtain satisfaction from the company, you may contact:

Arkansas Department of Insurance  
Consumer Services Division  
1200 W. 3<sup>rd</sup> Street  
Little Rock, AR 72201-1904

(501) 371-1600  
(800) 852-5494

## **LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT**

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

### **DISCLAIMER**

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance Companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association  
c/o The Liquidation Division  
1023 West Capitol  
Little Rock, Arkansas 72201-1904

Arkansas Insurance Department  
1200 West Third Street  
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions, and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

### **COVERAGE**

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

### **EXCLUSIONS FROM COVERAGE**

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;

- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC")(whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

#### LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 – no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values – again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

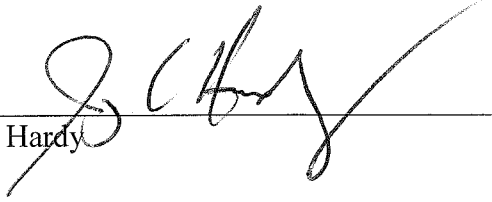
**UNITY FINANCIAL LIFE INSURANCE COMPANY**

**CERTIFICATION**

Re: Form 20811ML, Group Limited Payment Whole Life Insurance Certificate

I, Jay C. Hardy, Sr. Vice President & Chief Marketing Officer of Unity Financial Life Insurance Company ("Unity Financial Life") hereby certify that Unity Financial Life is in compliance with Arkansas Rule 19 regarding Unfair Sex Discrimination in the Sale of Insurance.

September 15, 2011

  
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Jay C. Hardy